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INTRODUCTION

The STARH Team is pleased to submit the first Semi-Annual Report on the STARH Program. The following report covers the first six months of the project, which was devoted primarily to project start-up and team building.

In preparing the report, considerable thought went into the structure/organization. The goals were to: develop a model report which would simplify the preparation of future reports; provide USAID with insights and information that might not be communicated effectively using a conventional activity-based approach to reporting; and to adopt a more thematic rather than activity-based approach. The latter goal is intended to allow STARH to report on complex and integrated activities that cut across categories and do not fall easily into the Work plan structure of Strategic Objectives, Intermediate Results, Sub Results, and activities. This latter structure is used in the matrix at the status of STARH activities, but the text tries to integrate activities, partnerships, changes in agenda, counterpart positions and support into a more cogent and comprehensive description of how activities are actually progressing. The strategic nature of STARH means that few activities function only within one IR; few activities have only one result; and most activities have synergies across IRs.

Given the above stated goals for this report, the structure of the report is as follows. This Introduction is followed by a narrative portion which provides a description of activities combined under themes, the next steps associated with the described activities and the STARH outputs associated with the themes. In appendix 1 is a matrix that gives a description of the current status for each activity in the work plan.

ENHANCED POLICY FOR QUALITY CARE (IR 1)

For STARH to meet its enhanced policy objectives, it must support the strengthening and updating of existing policies, improve the corresponding implementing policies and introduce new policies where necessary. It also means improving the policy formulation process itself, so that key stakeholders can participate in the process, and upgrading monitoring procedures to allow for policies to be adjusted as needed. Democratization and decentralization are making the policy environment more multi-layered and complex. If policy makers do not respond to these changes constructively, then previous achievements in FP and RH could be seriously undermined.

The Policy IR for the first year focuses on establishing a framework for the development of new policies (and the revision of old) to sustain and improve the quality of FP and RH services and to reflect BKKBN's New Era vision of "Quality Families." All existing RH/FP related policies, including gender, will be reviewed, discussions will be held, and the policy role of STARH determined. The preliminary focus for the policies initiatives for the first year includes: adolescent reproductive health, rationalization of standards and guidelines, decentralization of BKKBN, male participation and other gender issues affecting RH, accreditation of health service sites, high risk fertility behavior, vulnerable

populations (especially those living in poverty and refugees), the role of PLKB and cadres in the New Era, data needs for policy analysis, and province and district level policy making capacity. There are also other more specific policy issues that are hindering quality of care, client choice and efficient implementation of services. STARH efforts to improve RH/FP service policies will also address: policies that ensure post abortion care services include post-emergency family planning counseling and services (in collaboration with the MNH Program); the current situation in voluntary sterilization, as a necessary first step to informing future VSC strategies and services; the policies and service constraints to meeting the RH needs of young adults, focusing on NGO roles in service delivery and facilitating more focused service delivery strategies for urban and rural populations. Lastly, monitoring for Tiahrt compliance has been assigned to the policy component, though it cuts across all IRs. Many activities in this sub result component will eventually become clear policies and will be implemented in other sub results under capacity or communication.

Policy formulation is critical to BKKBN and Depkes if they are to function efficiently and meet the needs of their stakeholders. Both organizations recognize that they are in a dramatically different environment and are struggling with a large and complex set of policy reviews, updates of existing policies, new policies, devolution of policies, greater flexibility in policy to allow local level management, monitoring, communication and periodic updating of policy. STARH is a valuable partner in this process.

1. Policy Briefs, Literature Reviews, and Background Papers

Tiahrt Compliance

STARH produced a Policy Briefing Paper, "The Indonesian National Family Planning Program and the Tiahrt Amendment of the US Congress," as part of its preparations for the USAID-Washington Tiahrt Team visit in March. The visiting team made extensive use of the paper in their assessment. The methodology used was desk study, supplemented with some meetings with knowledgeable persons. The report brings together data and opinions about the Indonesian national family planning program which are relevant to any assessment of compliance with the requirements of the Tiahrt Amendment of the Foreign Appropriations Act. The report was made available to other donors and counterparts working in reproductive health.

STARH staff worked with the Washington team to facilitate the assessment of Tiahrt compliance in Indonesia. STARH participated in the site visits, helped to translate and to provide cultural and programmatic background for the team's observations. STARH staff also served as resource persons in the ongoing dialogue of program structure, policy and the role of AID. Logistical support was also provided by STARH. The team report specifically acknowledges the role of STARH in the success of the team's efforts.

Dialogue on accreditation of health services

In these early months, the STARH team is exploring existing quality initiatives through small one-to-one meetings with counterparts in DepKes and BKKBN. Meetings have been held with BKKBN's Directorate for Quality Assurance as well as with DepKes's Directorate on Selected Health issues, where the World Bank's Health Project IV quality initiatives are managed. With assistance from World Bank consultants, DepKes has developed a quality improvement program which is implemented at district level and involves several

stages, from peer assessments at puskesmas level to more complex team-based problem solving. Most recently, a new puskesmas accreditation stage is being developed and tested in the field. Eventually, DepKes hopes to tie accreditation with reimbursement under a national health insurance scheme or JPKM. For the moment, family planning is not included in the quality assessment and accreditation tools.

In a discussion with Pak Siswanto, Deputy at BKKBN, the topic of accreditation emerged. General discussions ensued about JHU's experience with various accreditation models such as in Brazil and Egypt. STARH and Pak Siswanto agreed to call upon two consultants from Baltimore to explore the issue further and develop an issues paper. This visit should take place in the coming quarter.

Next steps:

- Develop mechanism for routine monitoring of activities for Tiahrt compliance.
- Revise STARH Policy Briefing Paper on Tiahrt for wider circulation.
- Exploratory visit by JHU/CCP and JHPIEGO staff familiar with accreditation programs.

2. Service Delivery Standards & Guidelines – Updated

BKKBN's Directorate for Quality Assurance and Services requested STARH assistance in holding a MAQ workshop for BKKBN program manager. STARH has agreed to this request and plans to use it as an advocacy event to discuss rationalizing service delivery guidelines for family planning and reproductive health. Ministry of Health officials will also be invited.

Next step:

- MAQ workshop to be held sometime in July 2001.

3. Policy Environment – Preliminary Assessment

STARH undertook a preliminary assessment of the current policy environment for RH/FP. This involved consulting with counterparts at BKKBN and Depkes; meeting with Clare Dickinson and Hasan Moehammad Hoesni, from the former POLICY Project; and collecting a variety of official policy documents and policy analysis papers. The assessment served to clarify for STARH key features of the policy environment for RH/FP in which BKKBN, Depkes and STARH work, and has helped STARH identify constraints and opportunities affecting the delivery of quality services.

STARH and the POLICY Project held a roundtable discussion in January attended by major stakeholders. Lessons Learned included: importance of maintaining ongoing policy dialogue on RH/FP issues involving participation of all the main stakeholders; the need for policy analysts to upgrade their skills for communicating with policy makers; the need to ensure policy research is fully utilized in the policy formulation process; the need for monitoring implementation of new policies; need for more detailed assessment of client-oriented approach at the community level; and the urgency of writing new evidence-based RH/FP policies in the early stages of decentralization.

OUTPUTS

- Policy Briefing Paper, “The Indonesian National Family Planning Program and the Tiahrt Amendment of the US Congress.”
- The findings of the Tiahrt team resulted in a report “Assessment of the Implementation of the Tiahrt Amendment in USAID/Indonesia-supported Family Planning Projects.” The report provided guidance in continued compliance, and provided positive feedback to the Indonesian RH/FP program. It also was very complementary of the role of STARH and the strategic vision of USAID in addressing issues of informed choice and monitoring compliance. The report was edited for Indonesian policy makers by STARH, and then published and distributed.
- MAQ workshop included in STARH work plan.
- A RH/FP leadership seminar sponsored by BKKBN and STARH on the current status and implications of US legislative regulations on assistance to FP programs. The seminar brought the latest information on the political and reproductive rights issues to Indonesian NGOs and the Government. An interesting and very active dialogue followed the presentation.
- STARH – POLICY Project “Lessons Learned” Roundtable Discussion.

ENHANCED CAPACITY FOR HIGH QUALITY SERVICES (IR 2)

Improving the capacity for quality improvement is perhaps the single most strategic issue STARH faces. Significant changes will only come about if a concerted approach addressing policy, human resources, support systems and expanded awareness and demand for quality is supported by BKKBN, DepKes and their partners. STARH is serving as a catalyst and a coordinator of the RH/FP program’s commitment to improved quality of care. In addition to looking at systemic ways of addressing quality, STARH is building upon existing efforts to improve quality, with an emphasis on the performance of service providers and staff at the level of service delivery sites. STARH is seeking to continue investments made under various projects to equip health professionals with the skills to become effective leaders for quality services. STARH will also respond to specific deficiencies in the quality of services as these become known. For example, in the first year, we will work to address the need for improved access to Norplant® removal services.

1. Performance and Quality Improvement – Enhanced Capacity

A concept paper for performance improvement under STARH, which has seen several iterations and drafts since December, has been shared widely with colleagues and stakeholders at BKKBN and the Ministry of Health. Also, efforts were made to introduce STARH staff to the concepts of performance improvement. Rick Sullivan conducted an internal full day workshop in February 2001 for staff of STARH and MNH to gain an understanding of performance improvement.

Also, pilot performance improvement activities have been planned with the National Clinical Training Network (NCTN). Using the District Training Center as a facilitator, STARH plans to invite three districts to a PI workshop where they will learn about the process and discuss how it can be applied to improve quality in service delivery sites (primarily puskesmas).

Next steps:

- Conduct PI workshop for 3 district teams in collaboration with the NCTN.

2. NGO Capacity Building

NCTN Capacity under Decentralized Environment

The National Clinical Training Network is a key STARH partner as it has an existing infrastructure in STARH provinces. Extensive investments in this network were made under JHPIEGO's Training in Reproductive Health project in Indonesia. Currently, this project is using core funds to conduct a review of NCTN achievements since the last assessment. The review will focus on the following specific objectives:

- To document the development and establishment of the National Clinical Training Network in Indonesia.
- To describe the key initiatives supporting the national clinical training system including ModCal, TQA, TIMS, ProTrain.
- To determine the capacity of the National Clinical Training Network to respond to expansion (additional content areas, wider geographic coverage) and adapt to pressures such as decentralization.
- To describe the partnerships and collaboration between POGI, NCTN, BKKBN, Depkes, IBI and IBI and their contributions to the achievements of the NCTN.
- To identify lessons learned and categorize recommendations for implementation of the MNH, STARH and other donor-funded projects in Indonesia as well as for JHPIEGO country programming initiatives worldwide.

At the end of this reporting period, data collection through self administered questionnaires to trainers and managers, through in-depth interviews with NCTN stakeholders, including DepKes, BKKBN, IBI, POGI and IDI, and through focus group discussions with providers who have recently attended an NCTN course was being conducted. Results will be analyzed using both statistical and qualitative methods. The results of this assessment will guide further capacity building of the NCTN under STARH.

Next steps:

- Analyze result of assessment and make recommendations for STARH and MNH.

3. Assessing the Quality of Voluntary Surgical Contraception Services

USAID and STARH have both raised the question of whether USAID should continue to invest in and support the delivery of voluntary surgical contraception (VSC) services. STARH has developed a scope of work for a VSC assessment focusing on three aspects: the policy environment; access to services; and quality of services. The Kusuma Buana Foundation was awarded a contract to form the assessment team and interviews and site visits were scheduled mostly during 12 February — 30 April 2001.

Next steps:

- Write up and present the findings and recommendations of the assessment.

- Develop short and long-term strategies for addressing the issues surrounding VSC services in Indonesia with BKKBN and Depkes.

4. PLKB and the BKKBN field structure – Building Capacity for Community Level Change

BKKBN has requested STARH to help reorient frontline workers (PPLKB, PLKB, and Cadres) to new roles under the 15-year strategy and new mission of BKKBN. Under the new strategy, these workers should act as conduits for ensuring that BKKBN activities respond to real community needs and to mobilize communities to take ownership and responsibility for improving their own reproductive health. STARH is currently helping BKKBN develop a broad strategy for improving the performance of PLKB and other frontline workers to respond to these new challenges. STARH will subsequently assist in the development of materials as well as training programs and supervision systems for PLKB and other frontline workers.

Improving quality of 39,000 field workers as well as clinical providers may result in clients willing and confident enough to take a greater roll in meeting contraceptive needs, pay for services and improve other non-health services. This area is central to the strategic objective of STARH.

Next steps:

- Form a BKKBN task force to do a strategic plan for PLKBs and the New Era Strategy field structure. A strategy is especially important for the following reasons: the responsibility for the PLKB activities is dispersed across several divisions within BKKBN; the effort to redirect 39,000 PLKBs and the associated PLKBs and kaders is a massive undertaking and so must have clear objectives and be coordinated; and the PLKB are a critical element in the success of BKKBN and its future in a decentralized environment.

5. Logistics Policy, Management and Contraceptive Security

From December 2000 to March 2001, Pak Yos Hudyono reviewed existing reports on the contraceptive logistics situation and prepared and conducted field visits to villages, sub districts and districts in three provinces. Visits were conducted jointly with staff from BKKBN's Logistics Office. In these visits, Pak Yos sought to observe the entire distribution chain, from central level down to the end users, with specific emphasis on the field-level distribution. His findings illustrated that contraceptives, particularly pills, are becoming commodities, as they are readily available in the informal sector, outside of health facilities, and are frequently distributed by non-clinicians. Findings also point to significant brand loyalty despite the fact that the BKKBN logistics system does not track methods by brand. Clients are generally asked to pay for either commodities or services regardless of the source, despite BKKBN's policy to provide free contraceptives to the poor. However, FP cadres and village midwives often develop credit schemes for their clients who are temporarily unable to pay.

Results of the field visits have been presented to BKKBN in a technical meeting. However, the meeting did not allow for specific strategies to be developed to address

the shortcomings of the current system. As a result, STARH recommended that a taskforce be formed to review the policy framework for contraceptive distribution and logistics and develop a set of strategies toward contraceptive self-sufficiency.

Since the beginning of the project, STARH has been coordinating closely with the European Commission's Social Safety Net project and its advisor, Victor Pheasant. The EC has shared its work plan with STARH and advisors meet regularly to share information and ideas. In October 2000, Anne Pfitzer and Yos Hudyono were invited to join an EC/BKKBN team for a monitoring visit in NTB.

Next steps:

- Finalize and disseminate report of field visits to assess contraceptive logistics.
- Work with BKKBN to review and update policies surrounding contraceptive distribution.
- Schedule technical assistance visit by John Snow to coordinate work planning.
- Develop concrete plans based on findings of report and BKKBN policy review.
- Continued close cooperation, particularly in an EC training program for warehouse personnel and during technical assistance visits by John Snow.

6. Data for Program Planning

Spectrum/ProTrain™

Spectrum is a computer modeling system which is useful to program planners in estimating material and resource needs for given levels of contraceptive acceptance rates. The Spectrum system contains three components: Demproj (Demographic Projection), Famplan (Family Planning Users Projection), which were developed by The Futures Group International (TFGI) and Protrain (Training Needs Projection), which JHPIEGO helped develop. Prior to STARH, the Futures Group International had introduced Demproj and Famplan at BKKBN and trained managers in the 11 SDES provinces. Also under SDES, JHPIEGO's Training in Reproductive Health program worked with BKKBN in adapting Protrain for making projections of needs for Family Planning training. ProTrain was pilot tested in three provinces: West Java, East Java and South Sumatra.

In December 2000, BKKBN and JHPIEGO(TRH) held a one-day executive seminar at Horison Hotel, Bekasi, to review experiences to date. The seminar participants concluded that the Protrain program will be useful for the regions, particularly in the context of decentralization and should be extended. However, BKKBN's Planning Directorate was interested in expanding Spectrum as a package rather than ProTrain only.

During visits by John Ross for the voluntary surgical contraception assessment, STARH discussed the feasibility of further expanding Spectrum. TFGI would be glad to see Spectrum used further and has offered to collaborate with STARH in this endeavour.

Next steps:

- Conduct follow up visits to selected provinces where managers were trained in Spectrum to gather lessons learned.

- Review and update of Spectrum training materials in Bahasa Indonesia to incorporate lessons learned from follow up visits and to ensure consistency with New Era Strategy (e.g. focus on unmet need rather than targets for new acceptors).

Note: this activity is considered a lower priority for STARH because, while useful for planning, the impact of decentralization on decision making for training is still unclear and revising the instruction manuals in Indonesian language will take some time. Data inputs for the models may only be available at province level. It is not clear if planning for training needs at the district level is possible or whether districts should rely on the provincial level to generate the projections on their behalf.

7. Increasing Choice

Guidelines for Implant Tracking System and Use of DIP Subsidy for Removals.

Both under SDES and recently in early 2001, USAID provided Indonesia with Norplant® commodities. In 2001, BKKBN estimated that there were 743,600 women who currently have implants, which will expire in the year 2001-2002. This estimate is drawn from data which BKKBN asked district offices to compile. Other data showed that the number of new users in '96 and '97 was 191,453 and 682,521 respectively for these two years (or about 880,000 total). There is no explanation for the sharp difference in numbers between the two years. Data is not available to estimate the backlog of removal clients who began using implants in 1994 or 1995. However, a recent assessment in Malang estimated the figure of missed removals after 5 years to be around 11%. The situation is further complicated by the availability of different brands of implant with different periods of effectiveness. Implanon®, a single rod implant has also been introduced in Indonesia since about 1996. However the data above does not include implants other than Norplant. Organon has promised to undertake post-marketing surveillance of Implanon in Indonesia, including tracking of users. However, any system to track implants should take into account all implants in the Indonesian market as well as their differing period of effectiveness.

In last year's budget request, BKKBN requested DIP funding for subsidizing removal services for poor clients. In budget negotiations, the subsidy for removals was set at Rp. 50,000 per case. The Asia Development Bank supplemented the DIP with additional funding for removals and is expecting reports on how their funds have been used. In February, BKKBN issued general guidelines to provincial and district offices to use these funds not just for reimbursing sites and providers for the removal procedures, but to also think about client tracking systems, providing refresher training in removals to providers and accounting for how the subsidies are used. However, no additional assistance had been provided.

STARH worked with Dr. Lely, formerly Director for Quality Assurance and Services at BKKBN, to develop a concept paper for piloting a more comprehensive system for ensuring high quality Norplant removal services, using the DIP subsidies.

Next step:

- Begin implementation of strategy - identify selected districts interested in piloting Norplant Removal tracking and quality improvement.

8. Identification of Province and District Assistance Needs

On the occasion of BKKBN's annual *RaKerNas* meeting in February 2001 with all province and selected district managers, STARH organized a one-day workshop. This workshop was an opportunity to brief BKKBN field personnel concerning STARH's objectives and proposed activities (draft work plan) and to gather inputs on priorities for the work plan.

OUTPUTS

- Draft concept paper for improving the performance of clinical service delivery sites and providers.
- Performance Improvement activities incorporated into STARH sub agreement for the National Clinical Training Network.
- Consensus on need to develop a strategy for re-orienting BKKBN field workers to their new role under the 2015 Vision and Mission.
- Draft report on visit to three provinces concerning contraceptive logistics and distribution in the context of BKKBN's repositioning and reorientation (In bahasa Indonesia: Draft Awal Laproan Hasil Kunjungan ke Tiga Propinsi; Pelayanan Logistik dan Distribusi Sebuah Tantangan dalam Reposisi dan Re-orientasi BKKBN) as well as Summary in English.
- Trip report by Yos Hudyono and Anne Pfitzer on joint visit to Nusa Tenggara Barat with the European Commission Contraceptive Security project.
- Shared EC and STARH work plans.
- Norplant Removal System strategy drafted in a concept paper.
- Provincial and district-level BKKBN program managers oriented to STARH program.

COMMUNICATION AND ADVOCACY (IR 3)

BKKBN's communication agenda is daunting. The range of the communication issues they expect to deal with in the next few years reflects the transition and reform of the organization and program. As the program matures, the emphasis on client self-reliance increases, requiring a change in behavior for those who have the resources to pay for family planning services. It also requires that the poor know they will continue to have access to subsidized commodities. The program is also stressing quality and reproductive rights, which requires information to raise client expectations of quality of care and to empower clients to demand their rights to quality services. Providers also have to be equipped with current information and know how to share that information when dealing with empowered clients. Decentralization means that whole new levels of program administrators and health providers need more information to effectively manage their new responsibilities. Decentralization also means that if resources are to continue to be allocated to RH/FP, advocacy will need to be directed at local legislatures and policy makers.

The broad BKKBN external strategy is matched by a similarly ambitious internal strategy as BKKBN tries to restructure the roles and quality of its own staff and the health services staff of the Ministry of Health (DepKes). While STARH will support both internal and external aspects of BKKBN's communication strategy, STARH's own communication and Social Mobilization Strategy is to support those elements that lead to STARH's

strategic objective. What characterizes the communication component of STARH is that it is integrated into all aspects of the STARH program, including quality, policy, capacity building, guidelines and standards and compliance with US legislative requirements.

BKKBN requested STARH technical assistance in developing its New Era Advocacy and Communication Strategy around the concept of *Keluarga Berkualitas* or Quality Family. Consultants are scheduled to travel from Baltimore to help develop this strategy in April 2001.

Next steps:

- Work closely with BKKBN to develop BKKBN's advocacy and communication strategy.

1. Advocacy

When STARH began, BKKBN's top priority was advocacy. BKKBN was particularly concerned about increasing awareness of BKKBN's new vision and mission among policy makers and influential people at all levels around the country. BKKBN's new vision, Quality Families by 2015, demonstrates BKKBN's commitment to go beyond family planning towards reproductive health rights, particularly in quality and choice. The challenge presented to STARH was how to position FP as a program that is not top-down, but is responsive to the needs and changing aspirations of the community.

In December, STARH developed terms of reference for a public relations campaign and issued a request for proposals. Bids were reviewed and an agency, MACS909 was selected. Work began to define the concept of the Quality Family in ways that could be easily and clearly communicated to the general public and to policy makers. The decision was made jointly with BKKBN to engage public relations campaigns through the mass media. MACS909 began creating messages for TV spots and tested them with focus groups.

Next steps:

- Continue developing TV Spot for Quality Family Concept to be aired during Family Day, July 2001.
- Work on implementing public relations activities to support the Quality Family campaign.
- Draft of fact sheets on different issues to be distributed to policy makers, partners, at all levels.
- Launch Quality Family Campaign by airing TV Spot and PR activities and collaborate with TV stations as well as the print media.

2. Improved/Expanded Demand Creation and Use of Appropriate Methods

To reduce discontinuation rates, STARH has started to explore developing method-specific materials to improve client knowledge of methods. STARH will design and produce appropriate IEC materials for providers and clients including job aids and materials based on their need for information. In producing the materials, STARH will choose low cost materials to allow for the widest possible distribution to providers and clients within the selected provinces and districts under STARH.

As a first step in this area, STARH has asked BKKBN, MMC/Baltimore, IDI, IBI and others to share materials that they have produced. These will be used for historical reference in developing new materials.

Next Steps:

- Collect existing FP/RH materials that have been produced.
- Work with IBI and other professional organization to discuss provider needs for materials.

3. Community Participation

As of the end of March 2001, the community participation component is not yet developed. STARH is currently speaking with *Yayasan Kusuma Buana* (YKB) about how to build on their previous experiences in developing other NGO's capacity to conduct community-based activities in reproductive health and family planning.

STARH has asked YKB to develop a proposal for an NGO capacity development program. The goal of this program would be for partner NGOs to improve the capacity and skills of their staff in managing self-reliant reproductive health programs.

Next Steps:

- YKB will submit a proposal.
- Meet with HI-2010 on building community alliance (CBO and NGO) focused on FP/RH.

4. Increasing Male Participation

The goal of male participation is to reinforce values about husbands supporting their wives in practicing FP, to promote spousal discussions about FP, RH and quality of care issues, to encourage the use of contraception by men and to promote self-reliance in procuring FP/RH services. The first planned activity is to conduct formative research on husbands' perceived constraints to FP. The research results will be used to design special programs to promote husbands as caring and understanding partners.

Accomplishments for the reporting period:

- An initial meeting with BKKBN's Directorate of Male Participation to learn about the role of this office and initiate the collaboration with STARH.
- A meeting with MNH to explore possibility joint messages into "SUAMI SIAGA" Campaign.

Next Steps:

- Continue discussions with BKKBN on a communications strategy for Male Participation in FP/RH.
- Explore the possibility of working with MNH under the Suami SIAGA campaign.

OTHER STARH PROGRAM SUPPORT ACTIVITIES

The technical strengths of STARH, the flexibility of its financial resources and operational procedures ensures that STARH can make a major contribution to collaboration, to more efficient use of resources and a greater awareness of what other donors and partners are doing. STARH will further expand collaboration among partners through the provision of technical support when activities overlap. The support for the SOAG Secretariat also provides opportunities for increased collaboration with partners and government counterparts. Collaboration is assured by STARH's policy of maximum participation by government counterparts in setting the strategic direction for the program. Many of the activities in the workplan derive from intensive reviews and participation of BKKBN staff.

One area of government and donor collaboration, which will receive STARH Program support in the workplan, is coordination of responses to the RH/FP needs of Internally Displaced Persons. While no specific activity has been identified yet, the STARH Program has included a rubric in the workplan to be able to respond to needs as they emerge.

The original STARH program design called for focused interventions, leveraged resources and efficient use of limited resources. One of the most effective ways of doing this is to help coordinate the strategies and resources of other donors, matching up needs and GOI resources to identify gaps and opportunities and using STARH technical and planning resources to bridge these organizations.

1. Donor and Partner Involvement

STARH is committed to collaboration with other donors. This commitment is reinforced by BKKBN who see the technical resources of STARH as a way to support the programs of other donors and partners who do not have technical support teams. Preliminary meetings to introduce STARH have been held with The World Bank, the Asia Development Bank, UNFPA, and Dutch AID. Discussions with UNFPA and the World Bank have opened up possible areas of collaboration.

2. STARH Office Set-Up

In August 2000, JHU/CCP Indonesia started looking for office space in the TIFA Building. To expand existing space, new offices were located and rented on the 5th floor. Renovations were completed in September 2000. In October 2000, furniture was acquired and STARH staff started moving into the new office.

BKKBN also provided STARH with one meeting room and two offices to facilitate STARH's work at BKKBN. STARH installed air-conditioning in its BKKBN offices. BKKBN provided office furniture and two external telephone lines.

Local staff recruitment was started in November 2000 by formally hiring Nurfina Bachtiar - Communication Participation Specialist, Suli Winarsih - Finance Officer, Mariani Rifai (Yani) - Program Administrator located at BKKBN. In January 2001, STARH hired Christie

Natasha - Program Administrator and Dian Rosdiana - Communication/Advocacy Specialist.

Work permit, residence and multiple exit and entry visas were obtained for all expatriates and approved for varying lengths of time in September 2000.

During the week of September 26-29, 2000, a STARH Team Building workshop was held in Tanjung Lesung, West Java, and attended by all partners (JHU/CCP, JHPIEGO, MJM and Baltimore staff). The workshop was facilitated by Arthur Anderson Management Consulting Firm and was very successful.

Housing was rented for expatriate staff (Gary Lewis, Adrian Hayes, Anne Pfitzer and Ricky Lu) between October 2000 and January 2001.

STARH purchased a Kijang van in April 2001.

3. IDHS

The last IDHS was in 1997. The economic and political crises have brought about considerable change in government resources for social programs, management of programs (decentralization), awareness of individual rights, changes in the economic status of families and in the perceptions of the roles of government programs. The IDHS, now scheduled for late 2001, is overdue. Meetings are on going to determine the availability of resources. The World Bank is considering providing funding from the Safe Motherhood Project and UNAIDS has expressed interest. USAID has already committed to funding Measure/DHS technical support and some of the analysis costs through STARH. As in the past, BPS will implement the field work.

4. Informed Choice Posters

STARH, working with BKKBN, adapted the "Tiaht informed choice poster" to the Indonesian situation and translated it into Bahasa Indonesia. STARH produced 50,000 copies of the poster and has distributed them in all provinces except Aceh and Maluku, for display in public and private hospitals, puskesmas, pustu, polindes, DinKes offices, etc. In the Jakarta area, posters were also sent directly to relevant professional associations, NGOs, and private clinics.

OUTPUTS

- Essential start-up steps fully implemented so that STARH is fully operational.
- Tiaht informed choice poster translated in Bahasa Indonesia and distributed throughout the archipelago.

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Approach and Strategies	Status
INTERMEDIATE RESULT 1. ENHANCED POLICY FOR QUALITY OF CARE	
Sub Result 1.1. Enhanced RH/FP Policy Environment	
• Support development of new national and local level policies (to reflect BKKBN New Era strategy and adaptation).	In progress
• Prepare a range of policy briefs, literature review and background papers to support policy change.	In progress
• Integrate policy activities with IR 2 & 3.	In progress
• Initiate policy dialog on accreditation of health service sites.	Pending
• Initiate policy dialog on role of field structure (PLKB, kaders, etc.) in the New Era and in decentralization.	Pending
Sub Result 1.2. Updated RH/FP Service Delivery Standards and Guidelines	
1.2.1.FP for Post Abortion Care	
• Review existing National standards and guidelines for providing post-abortion contraception.	Pending
1.2.2. Policy/Strategy For Voluntary Sterilization	
• Review of VS policies and service delivery capacity with recommendations for policy, activities, resource requirements and role of public sector (BKKBN).	In progress
• Development of a VSC strategy if need is determined.	Pending
1.2.3. Service Delivery Guidelines	
• Workshop on contraceptive update and MAQ concepts (BKKBN pusat + provinces).	Pending
• Service delivery guidelines for Family Planning get a participatory review and updated.	Pending
• Technical policy and guidelines for Preventing Reproductive Health problems reviewed and revised (STARH and POGI).	Pending

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• Consensus workshops to rationalize guidelines intended for FP service providers.	Pending
Sub Result 1.3. Adolescents Better Prepared to Care for Their Own Reproductive Health	
• Review and assess existing youth and adolescent policies, initiatives and data; conduct new formative research; prepare recommendations and strategy.	Pending
Sub Result 1.4. Contraceptive Self Sufficiency (See Sub Result 2.2)	
Sub Result 1.5. Decentralization	
• Documentation (lessons learned) of Decentralization Policy.	In progress
• Decentralization activities distributed through other sub-results. Major push in Year 2.	
INTERMEDIATE RESULT 2. ENHANCED CAPACITY OF PUBLIC, PRIVATE, NGO AND COMMUNITIES TO PLAN, MANAGE, MONITOR AND PROVIDE HIGH QUALITY SERVICES	
Sub Result 2.1. Capacity for Improving Quality of Services Improved	
<i>2.1.1. Build Capacity of Clinical Service Providers to Meet Standards</i>	
• Develop and implement (build support, adopt materials, test, identify partners, field, institutionalize) Performance Improvement at the central and provincial/district levels.	In progress
• Review and implement and institutionalize module and curriculum of IPC/C (Midwives and Field Workers) with NCTN.	Pending
• Develop and implement client empowerment activities to improve client-provider interaction and counseling.	Pending
• Identify and develop interventions to link emergency obstetric care, counseling, and provision of FP.	Pending
• Implement and institutionalize a Quality of Care Monitoring System (QIQ).	Pending
<i>2.1.2. BKKBN's Frontline Workers as Change Agents for Better RH and Higher Quality</i>	
• Strategy developed to help PLKB become change agents under New Era (e.g. advocacy, demand for quality, mobilization, etc.) (See I.R. 3 for Advocacy)	Pending
• Develop guidelines for Implant client tracking system and use of subsidy (DIP) for removals.	In progress
Sub Result 2.2. Contraceptive Self Sufficiency & Logistics System to Ensures Contraceptive Supply Availability	
• Desk review and field visits to ascertain current situation in the distribution of contraceptives	• Completed

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through both the public and the private sector.	
• Effective coordination established with other projects active in logistics, especially the EU activity.	In progress
• Formation of Taskforce to develop and test models for distribution of free contraceptives only to Pre-Welfare and Welfare-1 clients.	Pending
• Support expanded private sector market share and reach in peri-urban and rural areas.	Pending
• BKKBN Procurement guidelines revised (EU lead, STARH support)	Pending
• Changes in design of national logistics system developed, tested and implemented.	Pending
• Logistics TA provided for tracking, problem identification and district management.	Pending
• USAID Norplant distributed and tracked according to agreement.	Completed
Sub Result 2.3. Management Systems Operational	
<i>2.3.1. Data for Program Planning</i>	
• Review of current data availability and quality and identify gaps.	Pending
• Spectrum/ProTrain™ expanded to BKKBN provincial offices in STARH provinces.	In progress
<i>2.3.2. Building Program Development Capacity</i>	
• Strengthen BKKBN capabilities in using data/research to design program and pretest communication materials through P-Process training at the district level.	Pending
• TIMS™ expanded to all STARH districts/provinces.	Pending
• Institutional capacity building for implementation of performance improvement (Institutions/levels to be determined).	Pending
• Develop NCTN Capacity to manage clinical training in FP/RH in a decentralized environment.	Pending
• Identify provincial and district assistance needs and develop TA and support plans as appropriate.	Pending
INTERMEDIATE RESULT 3. COMMUNICATION & ADVOCACY	
• Develop a five-year comprehensive communication and advocacy strategy reflecting synergy across sectors for BKKBN (and STARH).	In Progress
Sub Result 3.1. RH/FP Stakeholders Have Increased Skills in Advocacy	
• Develop and produce materials for internal advocacy to build consensus and promote	In Progress

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understanding of the New Era vision/mission/strategies within BKKBN field structure.	
<ul style="list-style-type: none"> Develop and implement an advocacy campaign to the public for BKKBN New Era "Quality Family" program through mass media campaign and PR. 	In Progress
<ul style="list-style-type: none"> Develop and disseminate advocacy materials to officials, legislators, local leaders, private sector, and NGOs (e.g. info packets on new policies, presentation materials, fact sheets summarizing the contribution of FP in saving lives, alleviating environmental pressures, adolescent RH, etc.) 	In Progress
<ul style="list-style-type: none"> Develop a training program to build capacity of NGO partners with YKB "NGO Sustainability & Management Training Program". 	Pending
<ul style="list-style-type: none"> Develop an NGO network to advocate RH at national, provincial and district levels. 	Pending
Sub Result 3.2. Improved/Expanded Demand Creation and Use of Appropriate Methods	
<i>3.2.1. Materials Production</i>	
<ul style="list-style-type: none"> To reduce discontinuation rate, develop method-specific materials for continued use or method switching. 	Pending
<ul style="list-style-type: none"> Design and produce appropriate IEC materials for providers and clients including job aids and materials on client rights. 	Pending
<ul style="list-style-type: none"> Produce and distribute low-cost materials on FP methods that clients can refer to after making their contraceptive choice (Informed Choice). 	Pending
Sub Result 3.3. Community Participates Actively in Promoting Reproductive Health (Formerly IR 4)	
<ul style="list-style-type: none"> Develop a strategy for community participation activities. 	Pending
<ul style="list-style-type: none"> Identify, assess, and select women's NGOs to partner in the process of creating demand for quality services and setting local priorities. 	Pending
<ul style="list-style-type: none"> Develop community participation tools and approaches that can be easily adapted to other program sites. (e.g. video documentation and guide book for adaptation). 	Pending
Sub Result 3.4. Increased Male Participation in Reproductive Health	
<ul style="list-style-type: none"> Design special programs to promote husbands as caring and understanding partners. Integrate key messages on male participation and spousal communication in the larger multi-media campaign. 	Pending
<ul style="list-style-type: none"> Conduct formative research on husband's perceived constraints to FP 	Pending

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4. OTHER STARH PROGRAM SUPPORT ACTIVITIES	
4.1. Donor and Government Partners Involved	
<i>4.1.1. Outreach strategies to Government Donors and NGOs</i>	
• Gain support and collaboration of the donor community	Ongoing
• Seek full involvement in RH strategy by key professional organizations and national and local NGOs.	In progress
• Develop synergies with MNH, HI2010 and other SOAG activities	Ongoing
• Identify appropriate roles and responsibilities for partners to support STARH	Ongoing
<i>4.1.2. Project Start-Up</i>	
• Establish STARH program office space and operations	Completed
4.1.3 Capacity to respond to FP/RH Needs of Internally Displaced People (IDP)	
• Develop plan and partnerships for STARH participation in ensuring the reproductive health of IDPs.	Pending
• Support the coordination role and build capacity of the BKKBN and Depkes “Emergency Response” units.	
4.2. STARH Program Monitored and Evaluated	
• IDHS developed and implemented collaboratively.	In progress
• Improve quality and utility of Pendataan Keluarga by redesign, matching with IDHS, quality assurance in fieldwork, etc.	Pending
• Monitor STARH and program progress using existing and new data collection activities.	Pending
• Develop program M&E framework, with indicators, targets, and sources of data.	In progress
• QIQ (See IR 2)	
4.3. USAID Compliance Supported	
• Support TIARHT assessment and dissemination.	Completed
• Develop, produce and distribute 50,000 informed choice posters.	Completed
• Monitor implementation of TIARHT and Mexico City compliance.	In progress
4.4. Support for the SOAG Operations	

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• Provide an advisor to the SOAG Secretariat to support coordination and operations.	Ongoing
• Provide administrative, financial and staffing support to the Secretariat.	Ongoing
• Provide technical and administrative support to PMUs and CAs as required for efficient and effective cooperation under the SOAG.	In progress